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CONFIRMATION NO. 7025

Bib Data Sheet

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/933,767	08/22/2001	435	1634	PZ007P2
RULE				

## APPLICANTS

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Jing-Shan Hu, Mountain View, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of PCT/US01/05614 02/21/2001  
which claims benefit of 60/184,836 02/24/2000  
and claims benefit of 60/193,170 03/29/2000  
This application 09/933,767  
is a CIP of 09/205,258 12/04/1998 PAT 6,525,174  
and is a CIP of PCT/US98/11422 06/04/1998  
which claims benefit of 60/048,901 06/06/1997  
and claims benefit of 60/048,900 06/06/1997  
and claims benefit of 60/048,893 06/06/1997  
and claims benefit of 60/048,964 06/06/1997  
and claims benefit of 60/048,884 06/06/1997  
and claims benefit of 60/048,894 06/06/1997  
and claims benefit of 60/048,971 06/06/1997  
and claims benefit of 60/048,885 06/06/1997  
and claims benefit of 60/049,375 06/06/1997  
and claims benefit of 60/048,881 06/06/1997  
and claims benefit of 60/048,880 06/06/1997  
and claims benefit of 60/048,896 06/06/1997  
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and claims benefit of 60/048,876 06/06/1997  
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and claims benefit of 60/048,916 06/06/1997  
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and claims benefit of 60/048,964 06/06/1997  
and claims benefit of 60/048,971 06/06/1997  
and claims benefit of 60/048,894 06/06/1997  
and claims benefit of 60/048,884 06/06/1997

and claims benefit of 60/057,651 09/05/1997  
 and claims benefit of 60/057,644 09/05/1997  
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 and said PCT/US98/11422

claims benefit of 60/057,778 09/05/1997  
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 and claims benefit of 60/048,949 06/06/1997  
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 and claims benefit of 60/057,650 09/05/1997  
 and claims benefit of 60/057,584 09/05/1997  
 and claims benefit of 60/057,647 09/05/1997  
 and claims benefit of 60/057,661 09/05/1997  
 and claims benefit of 60/057,662 09/05/1997  
 and claims benefit of 60/057,646 09/05/1997

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 11/30/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 10	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

22195

**TITLE**

METHOD OF DIAGNOSING PANCREATIC CANCER

<b>FILING FEE RECEIVED 974</b>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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